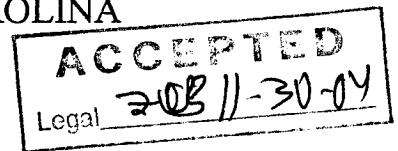


## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 EXECUTIVE CENTER DRIVE  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211  
(803) 896-5191



CLASS C - TAXI 2004-339-T DATE 11-22, 2004

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND  
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Aiken Taxi Service LLC.

2. (a) Street Address of Applicant 518 Palmetto Ln. ste. 1

Aiken, S.C. 29801

- (b) Mailing address, if different from street address Same

NOV 30 2004

REC-20

- (c) Telephone Number 803-642-9910 S:

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

Linda Shamblen 200 Sessions Dr. Aiken, S.C. 29803

David Shamblen 518 Palmetto Ln. ste. 1 Aiken S.C. 29801

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application, and submits the following statement of assets and liabilities.

**ASSETS:**

Cash	<u>0</u>
Real Estates and Buildings	<u>0</u>
Accounts and Notes Receivable	<u>585.<sup>00</sup></u>
Power Equipment (Net of Depreciation)	<u>0</u>
Garage & Office Equipment (Net of Depreciation)	<u>0</u>
Other Assets	<u>          </u>
<b>TOTAL ASSETS</b>	<b>\$ <u>585.<sup>00</sup></u></b>

**LIABILITIES:**

Accounts and Notes Payable	<u>4850</u>
Rents and Leases payable	<u>          </u>
Mortgages Payable	<u>          </u>
Debt on Power Equipment	<u>          </u>
Other Liabilities	<u>4153.<sup>00</sup></u>
<b>TOTAL LIABILITIES</b>	<b>\$ <u>9003.<sup>00</sup></u></b>
<b>NET WORTH</b>	<b>\$ <u>-8418</u></b>

10. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA, ]  
COUNTY OF AIKEN ]

I, DAVID SHAMBLIN, OWNER  
(Name of Applicant's Representative) (Title)

of AIKEN TAX SERVICE, the Applicant for the Certificate of Public  
(Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

**SWORN TO BEFORE ME**

At Aiken County ]

This the 16<sup>th</sup> day of November 2004 ]

Richie D. Looch  
(Notary Public)

[Signature]  
(Signature of Applicant's Representative)

Commission Expires: 10-6-06

EXHIBIT C

CLASS C

TAXI



CHARTER

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**

Columbia, South Carolina

Applicant Aiken Taxi Service, LLC

For the transportation of passengers as follows:

Area to be served: Aiken City & Outlying County

statewide

Number of passengers: Van #1 - 7 van #1 - 5

Fares: \$0.30 / 1/8 mi

CERTIFIED CORRECT

Date 11-16-04

Rinda L. Shambler  
David Shambler

By

OWNER

Title



° Memo Number ° Date ° Page °  
° 2004015054 ° 11/23/2004 ° 1 of 1 °

NOV 29 2004

YYY [ebix.one Form 201g (6/22/94)] YYY

# ACORD<sup>TM</sup> CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)

11/23/2004

PRODUCER

1

PROFESSIONAL INSURANCE CENTER,  
2003 W. KENNEDY BLVD.  
TAMPA, FL 33606

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

AIKEN TAXI SERVICE, LLC.  
518 PALMETTO LANE #1  
AIKEN, SC 29801

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: TRANSPORTATION CASUALTY INS CO

24619

INSURER B:

INSURER C:

INSURER D:

INSURER E:

AIKE00

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS
LTR	INSRD					
		<b>GENERAL LIABILITY</b>				
		<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE
		<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)
						MED EXP (Any one person)
						PERSONAL & ADV INJURY
						GENERAL AGGREGATE
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
A		<b>AUTOMOBILE LIABILITY</b>	TCP00000194	11/24/2004	11/24/2005	
		<input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)
		<input type="checkbox"/> ALL OWNED AUTOS				\$ 100000
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person)
		<input type="checkbox"/> HIRED AUTOS				\$
		<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident)
						\$
		<input checked="" type="checkbox"/> UM 40,000 CSL 200.				PROPERTY DAMAGE (Per accident)
						\$
		<b>GARAGE LIABILITY</b>				
		<input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT
						\$
						OTHER THAN EA ACC
						AUTO ONLY: AGG
						\$
		<b>EXCESS/UMBRELLA LIABILITY</b>				
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE
						AGGREGATE
						\$
						\$
						\$
						\$
						\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				WC STATU-TORY LIMITS
		If yes, describe under SPECIAL PROVISIONS below				OTH-ER
						E.L. EACH ACCIDENT
						\$
						E.L. DISEASE - EA EMPLOYEE
						\$
						E.L. DISEASE - POLICY LIMIT
						\$
		<b>OTHER</b>				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

1993 FORD 2FACP73W4PX102243 1997 CHEVY 1GNDXA3EXVD357792

## CERTIFICATE HOLDER

INSURANCE PURPOSES

## CANCELLATION 10-DAY NOTICE FOR NON-PAYMENT OF PREM

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

NEW

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)

11/23/2004

PRODUCER

1

PROFESSIONAL INSURANCE CENTER,  
2003 W. KENNEDY BLVD.  
TAMPA, FL 33606

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## INSURERS AFFORDING COVERAGE

NAIC #

INSURED

AIKEN TAXI SERVICE, LLC.  
518 PALMETTO LANE #1  
AIKEN, SC 29801

INSURER A: TRANSPORTATION CASUALTY INS CO

24619

INSURER B:

INSURER C:

INSURER D:

INSURER E:

AIKE00

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS  <b>X UM 40,000 CSL 200 Ded.</b>	TCP00000194	11/24/2004	11/24/2005	COMBINED SINGLE LIMIT (Ea accident) \$ <b>100000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		<b>OTHER</b>				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

1993 FORD 2FACP73W4PX102243 1997 CHEVY 1GNDXA3EXVD357792

## CERTIFICATE HOLDER

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE  
POST OFFICE DRAWER 11649  
COLUMBIA, SC 29211

## CANCELLATION 10-DAY NOTICE FOR NON-PAYMENT OF PREM

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **10** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

NEW

**INSURANCE QUOTE**

The following insurance quote is for:

AIKEN TAXI SERVICE

(Name of Motor Carrier)

518 PALMETTO LN., STE 1 AIKEN, SC 29801

(Address of Motor Carrier)

**Amount of Premium:**

Liability Insurance

~~\$100,000~~ 5,554.<sup>00</sup>

Cargo Insurance

~~\$100,000~~ 0

The above quoted premiums are for a term of 12 months.

~~CANAL~~ Transportation Casualty Ins. Co.

(Insurance Company Name)

P.O. Box 9088, 1600 West Commercial Blvd.

P.O. Box 7 GREENVILLE, SC 29602 Ft. Lauderdale, FL 33310

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

11-16-01

Date

[Signature]

(Authorized Insurance Company Representative)



This fax is for Transportation  
Joy for S.C. Commissions this is my  
Article of Cooperation

# *The State of South Carolina*

*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

AIKEN TAXI SERVICE, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on November 8th, 2004, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
10th day of November, 2004.

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

NOV 08 2004

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

ARTICLES OF ORGANIZATION  
LIMITED LIABILITY COMPANY

*Mark H. Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA  
TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the 1976 South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the South Carolina Code of 1976, as amended is Aiken Taxi Service LLC
2. The address of the initial designated office of the Limited Liability Company in South Carolina is  
518 Palmetto Lane Suite 1  
Aiken Street Address  
29801 Zip Code  
Aiken City
3. The initial agent for service of process of the Limited Liability Company is  
David Shamblen Name  
*David Shamblen* Signature  
 and the street address in South Carolina for this initial agent for service of process is  
518 Palmetto Lane Suite 1  
Aiken Street Address  
29801 Zip Code  
Aiken City
4. The name and address of each organizer is
  - (a) David Shamblen Name  
518 Palmetto Lane Suite 1 Street Address  
SC State  
Aiken City  
29801 Zip Code
  - (b) Linda Shamblen Name  
200 Sessions Drive Street Address  
SC State  
Aiken City  
29803 Zip Code

(Add additional lines if necessary)

☐ Check this box only if the company is to be a term company. If...

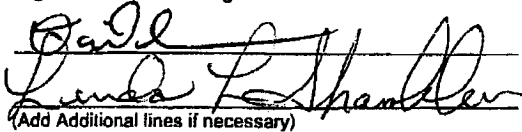
Aiken Taxi Service

Name of Limited Liability Company

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:

9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.

10. Signature of each organizer

  
(Add Additional lines if necessary)

Date

11-05-04

**FILING INSTRUCTIONS**

1. File two copies of this form, the original and either a duplicate original or a conformed copy.
2. If space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of the space on the form.
3. This form must be accompanied by the filing fee of \$110.00 payable to the Secretary of State.

Return to: Secretary of State  
P.O. Box 11350  
Columbia, SC 29211

**NOTE**

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1728.